

****MAIL IN TEAMS ONLY****

Teams registering online DO NOT need this form.

**Team Captain Reconciliation Form
2011 Komen Portland Race for the Cure®**

Mail in Teams: Forms and payment must be received by **AUGUST 30, 2011!**

Team Name _____

Team Category: _____ Corporate _____ Friends/Family _____ School

Company/Organization/Group or School Name

Team Captain Name _____

Day Phone# _____ Night Phone # _____

Fax number _____

Shipping Address (No PO Boxes) _____

City _____ State _____ Zip _____

Team Captain's Email address _____

of Kids (Age 5 and under) _____ Free FREE

of Kids (6-12 years old) _____ X \$10 Fee = \$ _____

of Survivors _____ X \$35 Fee = \$ _____

of Other Adults _____ X \$35 Fee = \$ _____

of Chip Timed Runners _____ X \$40 Fee = \$ _____

of "Cure Leader" participants
making a \$25 donation + reg fee _____ X \$50 Fee = \$ _____

of "Save a Life" participants
(making a \$100 donation + reg fee) _____ X \$125 Fee = \$ _____

Total # of Participants _____

Sub-Total, enclosed amount of registration fees = \$ _____

Donations enclosed (not including registration fees) = \$ _____

TOTAL AMOUNT enclosed (registration fees + donations) = \$ _____

Mail this form, registration forms, and payment to:

**Komen Race for the Cure
P.O. Box 65850
Vancouver, WA 98665**